

Application Data Sheet
Application Information

Application number::

Filing Date::

Application Type:: REGULAR

Subject Matter:: UTILITY

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: NONE

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: PAPER

Computer Readable Form (CRF)?::

Number of copies of CFR::

Title:: DYNAMICALLY GENERATED WRAPPER

Attorney Docket Number:: BEAS-01339US2

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 4

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type: INVENTOR

Primary Citizenship Country: CHINA

Status: FULL CAPACITY

Given Name: FEI

Middle Name:

Family Name: LUO

Name Suffix:

City of Residence: BEDMISTER

State or Province of Residence: NJ

Country of Residence: US

Street of mailing address: 268 LONG MEADOW ROAD

City of mailing address: US

State or Province of mailing address: NJ

Country of mailing address: US

Postal or Zip Code of mailing address: 07921

Applicant Authority Type: INVENTOR

Primary Citizenship Country: US

Status: FULL CAPACITY

Given Name: ALEXANDER

Middle Name:

Family Name: SOMOGYI

Name Suffix:

City of Residence:: BERNARDSVILLE
State or Province of Residence :: NJ
Country of Residence:: US
Street of mailing address:: 87 RAVINE LAKE ROAD, HAYLOFT
City of mailing address:: BERNARDSVILLE
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07924

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: WILLIAM
Middle Name:: JOHN
Family Name:: GALLAGHER
Name Suffix::

City of Residence:: EASTON
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 1885 DAYTON
City of mailing address:: EASTON
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 18040

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: INDIA

Status::	FULL CAPACITY
Given Name::	RAHUL
Middle Name::	
Family Name::	SRIVASTAVA
Name Suffix::	
City of Residence::	RANDOLPH
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	27 ARNOLD DRIVE
City of mailing address::	RANDOLPH
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	07869

Correspondence Information

Correspondence Customer Number::	23910
Phone number::	(415) 362-3800
Fax Number::	(415) 362-2928
Email address::	SBachmann@fdml.com

Representative Information

Representative Customer Number::	23910
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Dat ::
This Application	An application claiming the benefit under 35 USC119(e)	60/450,901	02/28/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: BEA SYSTEMS, INC.
Street of mailing address:: 2315 NORTH FIRST STREET
City of mailing address:: SAN JOSE
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95131